



CENTRAL DISTRICT HEALTH DEPARTMENT DAYCARE INSPECTION REQUEST FORM

CENTRAL DISTRICT HEALTH DEPARTMENT MUST INSPECT ALL FACILITIES
APPLYING FOR A CHILD CARE LICENSE. MAIL OR BRING THIS FORM ALONG
WITH THE APPROPRIATE FEE TO:

CENTRAL DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
707 NORTH ARMSTRONG PLACE
BOISE, ID. 83704
PHONE: (208) 327-8530 • FAX (208) 327-8553
E-MAIL: SSIMMONS@CDHD.IDAHO.GOV
BNORBERG@CDHD.IDAHO.GOV

NEW:_____ RENEW:_____ **LICENSED BY:** BOISE CITY:_____ STATE:_____
LICENSED FOR _____ CHILDREN IS SMOKING PERMITTED? __YES__NO
FUNDING FROM IDAHO CHILD CARE PROGRAM (ICCP)? YES:_____ NO:_____

FACILITY NAME:_____

ADDRESS:_____

CITY:_____ **ZIP:**_____ **PHONE:**_____

MAILING ADDRESS:_____

CITY:_____ **ZIP:**_____

OWNER'S NAME:_____

ADDRESS:_____

CITY:_____ **ZIP:**_____ **PHONE:**_____

WATER: PUBLIC _____
PRIVATE _____
OTHER _____

SEWER: PUBLIC _____
PRIVATE _____
OTHER _____

FEES: \$35.00 - NEW
\$30.00 - RENEWAL

Estab. #	
Date	Received by